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7590 07/22/2004

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Suite 1150
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10/05/2004 GWORDDF2 00000054 011960 09840566

01 FC:2501 685.00 OP
02 FC:1504 20.00 DA 280.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/840,566	04/23/2001	Raphael C. Wong	BRA4.PAU.05	2988



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ERIC HOOVER	(Depositor's name)
	(Signature)
10/11/04	(Date)

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$130 685	\$300	\$1630 #965	10/22/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
ALEXANDER, LYLE	1743	422-056000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

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(A) NAME OF ASSIGNEE

BRANAN MEDICAL CORP.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

IRVINE, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

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10/11/04

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